**200.3**

**RESA PERSONNEL EVALUATION FORM**

**ADMINISTRATIVE/PROFESSIONAL PERSONNEL**

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| **NAME:** | **JOB TITLE:** | **YEAR ENDING:** |

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| --- |
| **Procedure:** |
| 1. **A copy of the specific job description and evaluation instrument will be provided to personnel at the beginning term of employment** |
| 1. **Rating Scale: Please check the appropriate column beside each item:** |
| 1. **Columns are numbered 1 through 5** |
| 1. **Column 5 represents a high rating of performance** |
| 1. **Column 1 represents a low rating of performance** |
| 1. **Columns 2, 3 and 4 represent progressively higher rankings between low and high** |
| 1. **A rating of 1 in any area requires improvement through remediation procedures with stated time limitations. (A copy of this recommendation will be presented to the employee)** |

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| **Composite Status:** |
| **□ Does not meet standards (0-48)** |
| **□ Meets standards (49-94** |
| **□ Exceeds standards (95-120)** |

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| --- | --- | --- | --- | --- | --- |
| 1. **LEADERSHIP** | 1 | 2 | 3 | 4 | 5 |
| 1. **Exhibits knowledge in area of responsibility** |  |  |  |  |  |
| 1. **Demonstrates skill in working with individuals and groups** |  |  |  |  |  |
| 1. **Allocates responsibilities and duties by basing assignments on the skills and capabilities of staff members** |  |  |  |  |  |
| 1. **Prepares and executes short and long range plans** |  |  |  |  |  |
| 1. **Makes decisions which are practical** |  |  |  |  |  |
| **COMMENTS/ACCOMPLISHMENTS** | | | | | |

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| 1. **PROGRAM IMPROVEMENT PROGRESS** | 1 | 2 | 3 | 4 | 5 |
| 1. **Establishes procedures for implementing Board Policies and Administrative Regulations** |  |  |  |  |  |
| 1. **Reviews procedures regularly to avoid overlapping of responsibility or duplication of effort** |  |  |  |  |  |
| 1. **Keeps the Executive Director, or appropriate supervisor, informed on issues, needs and current status in areas of responsibility** |  |  |  |  |  |
| 1. **Encourages participation of appropriate staff members in studying and developing curriculum improvement** |  |  |  |  |  |
| 1. **Keeps informed of program developments in one’s area through in-services, classes or meetings of professional organizations** |  |  |  |  |  |
| **COMMENTS/ACCOMPLISHMENTS** | | | | | |
| 1. **RELATIONSHIPS** | 1 | 2 | 3 | 4 | 5 |
| 1. **Maintains effective line-staff relationships** |  |  |  |  |  |
| 1. **Encourages appropriate flow of communication** |  |  |  |  |  |
| 1. **Focuses on LEAs needs and requests** |  |  |  |  |  |
| 1. **Participates in synergistic relationships between and among all departments to facilitate improvement** |  |  |  |  |  |
| 1. **Provides adequate information concerning RESA policies and available services** |  |  |  |  |  |
| 1. **Promotes understanding of the total RESA program** |  |  |  |  |  |
| **COMMENTS/ACCOMPLISHMENTS** | | | | | |
| 1. **PROFESSIONAL WORK HABITS AND GROWTH** | 1 | 2 | 3 | 4 | 5 |
| 1. **Maintains professional ethics** |  |  |  |  |  |
| 1. **Demonstrates unbiased attitude in fulfilling responsibilities** |  |  |  |  |  |
| 1. **Observes supervisor approved work hours** |  |  |  |  |  |
| 1. **Respects confidential information** |  |  |  |  |  |
| 1. **Carries out his/her share of responsibilities** |  |  |  |  |  |
| 1. **Accepts constructive criticism** |  |  |  |  |  |
| 1. **Involves others in the decision making process** |  |  |  |  |  |
| 1. **Performs work according to current RESA program specific policies and procedures** |  |  |  |  |  |
| **COMMENTS/ACCOMPLISHMENTS** | | | | | |
| 1. **JOB PERFORMANCE** | 1 | 2 | 3 | 4 | 5 |
| 1. **Understands the role and scope of the job** |  |  |  |  |  |
| 1. **Performs duties and responsibilities as stated** |  |  |  |  |  |
| **COMMENTS/ACCOMPLISHMENTS** | | | | | |
| 1. **GOALS** | 1 | 2 | 3 | 4 | 5 |
| **Goal 1:** |  |  |  |  |  |
| **COMMENTS/ACCOMPLISHMENTS** | | | | | |
| **Goal 2:** |  |  |  |  |  |
| **COMMENTS/ACCOMPLISHMENTS** | | | | | |
| **Goal 3:** |  |  |  |  |  |
| **COMMENTS/ACCOMPLISHMENTS** | | | | | |
| **Goal 4:** |  |  |  |  |  |
| **COMMENTS/ACCOMPLISHMENTS** | | | | | |
| **Goal 5:** |  |  |  |  |  |
| **COMMENTS/ACCOMPLISHMENTS** | | | | | |
| **Goal 6:** |  |  |  |  |  |
| **COMMENTS/ACCOMPLISHMENTS** | | | | | |

**I have read the evaluation and have discussed it with the evaluator**

**Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Evaluator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If I do not agree with the evaluation, I understand that I may include a written statement as an addendum to this document**

**NOTE: Any checks in column one (1) shall be identified with remediation procedures and time frame on a PERFORMANCE IMPROVEMENT REPORT: Employees shall receive a copy of the completed form.**

evaladminprofessional